

# Exhibit A

## CERTIFICATION OF VITAL RECORD

COUNTY OF LOS ANGELES  
REGISTRAR-RECORDER/COUNTY CLERK

3052022272202

## CERTIFICATE OF DEATH

3202219061163

STATE FILE NUMBER		CERTIFICATE OF DEATH STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS VS 11 (REV 3/08)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEASED - FIRST (Given) WILLIAM		2. MIDDLE -		3. LAST (Family) SALGADO	
AKA ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST) WILLIAM RENE SALGADO MIRANDA		4. DATE OF BIRTH mm/dd/yy 11/09/1991		5. AGE Yrs 30	
6. BIRTH STATE/FOREIGN COUNTRY NICARAGUA		7. IF UNDER ONE YEAR Months 0		8. IF UNDER 24 HOURS Days 0	
9. EDUCATION - High school/Degree 11 10. SOCIAL SECURITY NUMBER [REDACTED]		9. EDUCATION - High school/Degree 11 10. SOCIAL SECURITY NUMBER [REDACTED]		10. IF UNDER 24 HOURS Hours 0	
11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS/SHOP (at Time of Death) NEVER MARRIED		13. DATE OF DEATH mm/dd/yy 10/30/2022	
14. WAS DECEASED HISPANIC/LATINO/ASIAN? If yes, see worksheet on back <input checked="" type="checkbox"/> YES <input type="checkbox"/> NICARAGUAN		15. DECEASED'S RACE - Up to 3 races may be listed (see worksheet on back) NICARAGUAN		16. HOUR (24 Hour) 1825	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED CONSTRUCTION WORKER		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) CONSTRUCTION		19. YEARS IN OCCUPATION 6	
20. DECEASED'S RESIDENCE (Street and number, or location) 6315 MALABAR STREET APT C					
21. CITY HUNTINGTON PARK		22. COUNTY/PROVINCE LOS ANGELES		23. ZIP CODE 90255	
24. YEARS IN COUNTY 16		25. STATE/FOREIGN COUNTRY CA		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 6315 MALABAR STREET APT C, HUNTINGTON PARK, CA 90255	
26. INFORMANT'S NAME, RELATIONSHIP WILLIAM CASTILLO, FATHER					
28. NAME OF SURVIVING SPOUSE/SHOP - FIRST -		29. MIDDLE -		30. LAST (BIRTH NAME) -	
31. NAME OF FATHER/PARENT - FIRST INOCENTE		32. MIDDLE -		33. LAST SALGADO PERALTA	
34. BIRTH STATE NICARAGUA		35. NAME OF MOTHER/PARENT - FIRST JUANA		36. MIDDLE MARIA	
37. LAST (BIRTH NAME) MIRANDA JIMENEZ		38. BIRTH STATE NICARAGUA		39. DISPOSITION DATE mm/dd/yy 11/30/2022	
40. PLACE OF FINAL DISPOSITION RES OF JUANA M. MIRANDA JIMENEZ REPARTO 12 DE SEPTIEMBRE DEL COMEDOR GRANADINO 1 C. ARRIBA 75 VARAS AL NORTE, CHINANDEGA, NICARAGUA		41. TYPE OF DISPOSITION(S) CREMATE/TRANSIT/RESIDENCE		42. SIGNATURE OF EMBALMER ► KEITH D BROWN	
43. LICENSE NUMBER EMB9524		44. NAME OF FUNERAL ESTABLISHMENT FRIENDS		45. LICENSE NUMBER FD2158	
46. SIGNATURE OF LOCAL REGISTRAR MUNTU DAVIS MD		47. DATE mm/dd/yy 11/29/2022		48. SIGNATURE OF LOCAL REGISTRAR MUNTU DAVIS MD	
49. PLACE OF DEATH ST. FRANCIS MEDICAL CENTER		50. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input checked="" type="checkbox"/> ER/OP <input type="checkbox"/> DON		51. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home/ETC <input type="checkbox"/> Resident's Home <input type="checkbox"/> Other	
52. COUNTY LOS ANGELES		53. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 3630 E IMPERIAL HWY		54. CITY LYNWOOD	
55. CAUSE OF DEATH Enter the chain of events --- disease, injury, or condition --- that directly caused death. DO NOT write technical events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBRIVIATE IMMEDIATE CAUSE (First disease or condition resulting in death) ► MULTIPLE GUNSHOT WOUNDS (b) Sequela, but conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (c) (d) (e)		56. TIME INTERVAL BETWEEN ONSET AND DEATH (AT) RAPID		57. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO INTERNAL NUMBER 2022-11336	
58. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE		59. BIOCPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		60. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
61. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? If yes, list type of operation and date. THORACOTOMY 10/30/2022		62. DECEASED PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		63. DECEASED PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
64. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since (A) mm/dd/yy Decedent Last Seen Alive (B) mm/dd/yy		65. SIGNATURE AND TITLE OF CERTIFIER ►		66. LICENSE NUMBER 117. DATE mm/dd/yy	
67. SIGNATURE AND TITLE OF CERTIFIER ►		68. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE REGINA AUGUSTINE		69. LICENSE NUMBER 118. DATE mm/dd/yy 11/28/2022	
70. MANNER OF DEATH Natural <input type="checkbox"/> Accidents <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending <input type="checkbox"/> Investigation <input type="checkbox"/> Could not be determined		71. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		72. INJURY DATE mm/dd/yy 10/30/2022	
73. HOUR (24 Hours) 1740		74. OTHER: COURTYARD		75. OTHER: COURTYARD	
76. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) SHOT BY OTHER(S), LAW ENFORCEMENT RELATED		77. LOCATION OF INJURY (Street and number, or location, and city, and zip) 6315 MALABAR ST, HUNTINGTON PARK, CA 90255		78. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER REGINA AUGUSTINE, DEP CORONER	
STATE REGISTRAR	A	B	C	D	E
FAX AUTH# <input type="text"/> CENSUS TRACT <input type="text"/>					

This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

  
DEAN C. LOGAN  
Registrar-Recorder/County Clerk

This copy not valid unless prepared on engraved border displaying the Seal and Signature of the Registrar-Recorder/County Clerk.

NOV 03 2023

  
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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

